CONTRACTED PROVIDERS MODULE

FUNCTIONAL DESIGN

Deliverable #5

USAID Project Number: 263-0170
[Develop a Detailed and Updated Management Information System for the
Egyptian Health Insurance Organization, Cost Recovery Program]

March 11, 1996

Mr. Carl Abdou Rahmaan
Project Officer
USAID - Egypt
106 Kasr El Aini Street, 7th Floor
Cairo, Egypt

Ref: Project Number 263-0170

Dear Mr. Abdou Rahmaan:

MAXIMUS is pleased to submit the functional design document for the Contracted Providers Module. This functional design was developed based on numerous site visits to HIO Headquarters and branch offices, and through consultation with key personnel related to those sites. This document represents Deliverable #5 (Functional Design) for this module.

In certain circumstances, the HIO contracts with independent healthcare facilities and providers for services to its beneficiaries. The Contracted Providers Module will monitor and help HIO better manage these contracts. The system provides powerful tools for analysis and reporting. We ask that you review this document to verify that the design reflects what was discussed as the requirements for this module.

We welcome a discussion of any questions or concerns you may have regarding this document. To avoid expending additional level of effort reworking the design, we request you provide any comments within four weeks of our submission of this document. If you have any questions, please do not hesitate to contact me.

Sincerely,

Leslie Graham
Chief of Party

March 11, 1996

Dr. Nabil El Mehairy
Chairman
Health Insurance Organization
Heliopolis
Cairo, Egypt

Dear Dr. El Mehairy:

MAXIMUS is pleased to submit the functional design document for the Contracted Providers Module. This functional design was developed based on numerous site visits to HIO Headquarters and branch offices, and through consultation with key personnel related to those sites.

In certain circumstances, the HIO contracts with independent healthcare facilities and providers for services to its beneficiaries. The Contracted Providers Module will monitor and help HIO better manage these contracts. The system provides powerful tools for analysis and reporting. We ask that the HIO review this document 1) to verify that the design reflects what was discussed during site visits, and 2) to validate that, when seen as a whole, the automated process will enhance the effectiveness of the operational area. Please pay close attention to Section 3, General Assumptions. The application's success depends on these assumptions being true, or the HIO's ability to accomplish them. Also please read the document to identify any organizational, policy and procedural changes which may be necessary for the success of the project.

We look forward to your comments and suggestions. If you have any questions about this functional design document, please do not hesitate to contact me.

Sincerely,

Leslie Graham
Chief of Party

cc: General Faisal Taie, HIO
       Mr. Carl Abdou Rahmaan

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1 INTRODUCTION

This document presents the functional design for the Contracted Providers Module. The Contracted Providers Module is designed for use at Health Insurance Organization (HIO) Headquarters and branches. It will be used to maintain records on and monitor the performance of healthcare facilities contracted with, but not owned by HIO. Under contract, these facilities provide healthcare services to HIO beneficiaries. The Contracted Providers Module is one part of the automated Management Information System being developed for HIO. This system is being developed in conjunction with the HIO and the U.S. Agency for International Development (USAID).

1.1 Purpose of the Document

This functional design document is intended to serve essentially the same function as a blueprint for a building; to provide a design for technicians to follow in creating the system, and to provide a document for review and change before the design is put into place.

At a high level, this document describes:

o   who, organizationally, are the users who directly interact with the system;

o   what functions the system provides to those users;

o   what organizational, policy, and procedural changes must be implemented along with the system for it to be effective; and

o   any assumptions upon which the design is based.

This document intends to serve as a baseline for review and comment. It documents discussions held to date and information gathered during site visits. It lays out a design that, given the information known, appears useful and realistic.

1.2 Process Used to Develop Design

The design portrayed in this document was created after much input from the HIO. A system design cannot be created without an understanding of the existing operational processes. To understand these, the Contracted Providers Team conducted numerous visits to HIO offices and facilities across the branches.

Before beginning the design, it was important that the Contracted Providers Team understand current operations and the range of procedures that are followed throughout the HIO. By talking with the people who currently perform or manage the performance of the manual contracted provider processes, the team created a picture of the existing system. An overview of the existing process is given in Section 2 of this document.

1.3   Intended Audience

This document represents a high-level, but technical, specification of the discussions held thus far with the HIO. There should be nothing in this document that is a surprise to those who participated in the design process. It is merely a structured method of recording the design discussed and documenting the alternatives selected.

It is expected that the audience of this document are the managers of the organizational areas affected by the design, as well as HIO senior management. This document should be reviewed:

    o   to verify that it represents what was discussed during the walkthroughs;

    o   to validate that, when seen as a whole, the automated process described will
            enhance the functioning of each operational area;

    o   to agree that the assumptions used are valid; and

    o   to commit to the organizational, policy, and procedural changes outlined as
            necessary for success.

In addition, senior managers should review this document to ensure that the information collected by the system will assist in making more accurate management decisions.

2 GENERAL OVERVIEW OF THE SYSTEM

The development of a Management Information System (MIS) for the Health Insurance Organization is a large undertaking, of which Contracted Providers Module is one piece. Exhibit 2-1 is a logframe illustrating overall project activities.

This section provides a high-level overview of the modules to be included in the HIO MIS, and the interaction between these modules. This section also includes a description of the existing operational processes associated with contracted providers. After a review of the current practices, the proposed process is described. This section presents a high-level view only. A technical functional design description is provided in Section 4.

2.1 Overview of the HIO Management Information System

None of the software modules in the HIO Management Information System stands alone. Each contributes information to the database and uses information provided by other modules. The purpose of all modules, in addition to supporting operational areas, is to collect and provide, to management, detailed information about the HIO. With this improved level of information, HIO management can make well-informed and timely decisions regarding cost containment and service provision; a decision-making capacity that is essential as the organization continues to grow and evolve.

All applications for a branch, clinic, or hospital reside on the machine at that facility. Therefore, within a facility all applications have access to the database on that facility's machine. For example, physician information already entered through the Patient Records Module does not need to be reentered for the Contracted Providers Module. In addition, data can be shared between facilities.

This data sharing is transparent to the user. The applications are designed to share data and the user does not need to do anything to have this happen. On the other hand, the fact that data is shared between applications does not mean that the database is open to all. Operational areas that have no need to view certain data are not given the opportunity to do so.

2.2 The Current Contracted Providers Process

The HIO contracts with healthcare providers for services that HIO-owned facilities cannot render, to provide a quality of service that HIO facilities cannot provide, or when HIO facilities are not sufficient in size or location to provide service to all local HIO beneficiaries.

The process of contracting is decentralized. Each HIO branch contracts as needed on a local basis to provide service for beneficiaries in that branch. HIO Headquarters contracts with providers on a nation-wide basis for specific, complex medical services. Services provided by Headquarters contracts are available to all beneficiaries across branches.

Exhibit 2-1 (page 1 of 2)
LOGICAL FRAMEWORK
OVERALL PROJECT

PROJECT NARRATIVE	VERIFIABLE INDICATORS	MEANS OF	SNOI
Project Goal Improve HIO ability to raise treatment quality and contain costs.	**End of Project Status** Lower costs for drugs per patient. Shorter lengths of stay in hospitals. Reduced number of patient visits per episode of illness. Lower cost of treatment per patient. Higher proportion of favorable outcomes per patient.	Statistical data from HIO. Statistical data from MIS.	
Project Purpose Build and implement a MIS throughout the HIO.	**Measures of Achievement** Number of HIO sites automated and using MIS. Number of S/W application modules running.	Site visits. End of Project status evaluation.	
Outputs MIS systems in use in facilities. System generated reports. Trained HIO staff.	**Magnitude of Outputs** 75+ systems installed in Egypt. Hardcopy and electronic reports to targeted users. 1000+ staff trained.	Site visits. Project reports. End of Project status evaluation.	

Exhibit 2-1 (page 2 of 2)
LOGICAL FRAMEWORK
OVERALL PROJECT

PROJECT NARRATIVE	VERIFIABLE INDICATORS	MEANS OF	SNOI
Inputs USAID Funding - Training - Technical Assistance - Commodities	**Magnitude of Inputs** $21M+	Financial records.	yfai nmi . O l mcFdpasu . seni t
HIO Project Resources - Vehicles - Office space - Furniture - Electronic power - Telecommunications lines - Computer supplies - Data and Data Conversion personnel	4 Project vehicles Al Ahram Building Furnish each clinic computer room. 250 KV transformer. Computer supplies continuously available. Data exchange protocols Data tapes from SIO & PIO	Status reports. End of project evaluation. site visits. Monthly data tapes.	OltHO estatlg . seset
HIO Regular Resources - Facilities - Clinical - Administrative	8 Computer centers. Medical practice committee. Drug formulary committee. Management analysis office. Computer supplies budget. Telecom. cost budget. Hardware maintenance budget.		

At a branch, the organizational area in charge of contracts, quality reviews, and billing is the Branch Medical Service Department. The Branch Director signs contracts on behalf of a branch. Before a contract is signed, it is reviewed by the Branch Legal Affairs Department. Any complaints against a provider are directed to the Branch Public Service Department, which is a section under the Medical Services Department.

At Headquarters, the organizational area in charge of contracts, quality reviews, and billing is the Headquarters Medical Services Department. The HIO Chairman signs contracts on behalf of Headquarters. Before a contract is signed, it is reviewed by the Headquarters Legal Affairs Department. Any complaints against a provider are directed to the Headquarters Public Service Department, which is a section under the Medical Services Department.

Approximately 2% of HIO contracts are initiated by HIO Headquarters. These contracts are for the benefit of all branches and are concluded to provide specialized, complex services such as bone marrow transplants. Copies of these contracts are sent to all branches.

Contracts, whether at branches or Headquarters, can be to provide services to all beneficiaries or to provide service for a certain category of beneficiary (e.g., students only).

Contracted providers are bound to the terms of the HIO contract. Contracts can be cancelled with a minimum notice agreed upon in the contract terms. Normally, a contract is renewed automatically each year unless cancelled by either party (HIO or the provider) within the agreed-upon notice period. In the case of a hospital contract cancellation, a beneficiary remains in the hospital until total recovery and accounts are settled afterwards.

To receive services from a branch-contracted provider, a beneficiary must have a transfer letter from the branch. The letter must be signed by the responsible physician and stamped with the official eagle stamp. To receive services from a Headquarters-contracted provider, the HIO Chairman must sign the transfer letter. In cases where treatment is required outside Egypt, the Chairman reviews the entire case.

There are several types of contracted providers. They are:

o   hospitals,

o   specialized centers (e.g., kidney dialysis centers),

o   labs,

o   radiology centers,

o   polyclinics, and

o   physicians.

Payment terms are similar with all contracted providers. As a general rule, HIO provides an agreed-upon advance or insurance payment to the provider. When the provider has dispensed services to HIO beneficiaries equal to half the value of the advance payment, HIO reimburses the provider for that amount. In most cases, reimbursement is made within 15 days.

To claim reimbursement, a contracted provider sends notice to HIO that half the advance payment has been expended. Along with the notice, the provider includes a list of all services rendered along with patients' names. Moreover, contracted providers prepare a monthly statement that includes a list of all services rendered during the month along with original transfer letters and invoices approved and stamped by the contracting provider's financial director. In the case of a beneficiary copayment (required of students or beneficiaries under Law 32), the provider collects the premiums and sends them to the contracting HIO office with the invoices. The Medical Services Department has responsibility for reviewing bills. Bills and final payment can be negotiated.

The following sections describe the different types of contracts in the context of services rendered by the different provider types.

2.2.1   Hospitals

The HIO contracts with Curative Care Organization (CCO) hospitals or with private sector hospitals. There are several types of hospital contracts:

o   Contract By Package

In this case the contract is for the package price of a specific type of operation. The price for each type of operation is agreed on in advance. Along with the price, the contract includes details on the protocol of treatment. For example, a contract of this type for a bone marrow transplant specifies a price of £E70,000. This price includes up to 60 days accommodation, 30 of which are in a sterilized room, all drugs necessary, as well as lab analysis, ultrasounds, and physician and consultant fees. Another example is a contract for open-heart surgery. The contract specifies a price of £E 8,000. This includes the surgeon and physician fees, 12 days accommodation, two of which are in the intensive care unit, six blood sachets, lab tests, X-rays, physiotherapy sessions, theater needs, and drugs. Contract terms also specify which equipment, drugs, and services are not included with this price. For example, in the case of open-heart surgery, valves, balloons, and human albumin drugs are not included in the contract price. Any expenses for services provided beyond the protocol of treatment are settled with the contracting branch or HIO Headquarters at payment.

o   Price List Contract

With a price list contract, treatment, equipment, services, and drugs are charged to HIO by item as provided. Rates are based on the hospital price list, with discounts to the HIO.

o   Bed Contracts

To ensure space in a contracted hospital for beneficiaries, the HIO sometimes contracts a hospital to assign a specific number of beds for HIO use in return for an annual fee paid by installment. Contracted beds are second class unless unavailable, in which case first-class beds are assigned until the availability of the former. The number of beds available is subject to increase according to need and any charges for beds provided above the number specified in the contract are settled later.

o   Mixed Contract

A mixed contract includes elements of two or more of the above three contract types. A mixed contract usually contains packages for common operations such as hernia, appendectomy, tonsillectomy, and so forth, but includes arrangements, based on the hospital price list with discounts, for other services as well. The bed contract element of a mixed contract is simply to ensure space is available for HIO beneficiaries.

2.2.2   Specialized Centers

The HIO contracts with specialized centers for services like kidney dialysis and open-heart surgery. In most cases the contract is by package.

2.2.3   Labs and Radiology Centers

The HIO contracts with labs and radiology centers. In most cases the contract is based on the center price list.

2.2.4   Polyclinics

The HIO contracts with private or CCO polyclinics for rental of space for a certain period of time daily. In some cases, HIO rents the premises and provides the medical staff to operate the polyclinic. In other cases, HIO contracts the polyclinic with polyclinic staff. Contracts with polyclinics became more common after passage of the law including students as HIO

beneficiaries. A polyclinic contract could be for premises only or could include all services provided by the polyclinic including X-rays, lab tests, and so forth.

2.2.5 Physicians

HIO contracts with general practitioners, general practitioners at schools, specialists, and consultants. There is a contract format for each type of contracted physician. Physicians are contracted either by case or by session (i.e., morning shift, afternoon shift, or full day).

2.3 Review of the Current Process

Review of the current contracting process has led to the following conclusions:

o   Contract formats:

.   There are standard formats for physician contracts.

.   There are no standard formats for the other contract types.

o   Quality reviews:

.   Complaints are responded to.

.   There are no regular on-site visits.

.   There are no standard protocols for quality reviews; no objective criteria to judge against.

.   There are no documented service checklists or price limits.

.   All quality reviews are based on the subjective expertise of Medical Services Department staff.

o   Billing:

.   The Medical Services Department staff provides technical revision and price revision for individual services.

.   Aggregation of bills is done in the Accounting Department.

o   Services offered:

.   Numerous and diverse services are available with different contract types.

.   Referrals to contracted providers are based on the personal knowledge of Medical Services Department staff.

2.4   The Proposed Process

The proposed process creates a database on HIO-contracted providers including key information and lists of services rendered. Currently, information on contracted physicians is maintained by the Patient Records Module. Once implemented, the Contracted Providers Module will be linked to the HIO-owned facilities database. This will allow users to identify what kind of services can be rendered to HIO beneficiaries and where. Moreover, users will have access to a report comparing the price of each service in provider facilities versus the price for the same service in HIO-owned facilities. This report will include a service rating through the Cost Accounting and Quality Assurance Modules.

Complaints against a provider, previously cumbersome and difficult to classify and organize, will be automated and hence easier to retrieve and compare. This will assist in assessing the quality of service delivered. Managers will have access to data on the capabilities and size of contracted providers, both at an individual and an aggregate level. In combination, these data and reports will support HIO decision making. Comprehensive, comparative analysis of the information available through the application will help HIO in maximizing its investment, specifically in terms of the benefits or liabilities in contracting with providers.

The Contracted Providers Module is an open, flexible design. In the future, enhancements can easily be added. For example, the module as described here would accommodate functions for claims processing, allowing management to monitor trends in billing and disallowances.

3   ASSUMPTIONS

The following are assumptions related to the workflow of the proposed Contracted Providers Module:

o   The Contracted Providers Module will run at Headquarters and at each branch. It will not be installed or used at clinics or hospitals.

o   Lookup tables definition will be a Headquarters task. This will ensure consistency and uniformity of service and provider type codes.

o   Headquarters contracts will be entered on the Headquarters computer and data will be transferred through communication lines (or magnetic media) to branches.

o   Branch contracts will be entered at the contracting branch and data will be transferred through communication lines (or magnetic media) to Headquarters.

o   Data on physician contracts will be available at the branch through the Patient Records Module. Any other information needed on contracted physicians will be determined and entered through the Contracted Providers Module.

4   FUNCTIONAL DESIGN

This section describes the major functions included in the Contracted Providers Module. Appendix B presents functional decomposition diagrams for the functions.

4.1   Define Contracted Providers Types (Lookup Table)

This function is used to enter codes for all contracted provider types. Provider types include:

o   hospitals,

o   labs,

o   radiology centers,

o   specialized centers,

o   polyclinics, and

o   physicians.

This lookup table is entered and maintained at Headquarters and transmitted via communication lines or magnetic media to branches.

4.2   Define Provided Service Groups and Define Provided Services

Contracted providers offer both medical treatment and related services to HIO beneficiaries and charge HIO for them. Medical treatments are classified by the Codes for Procedural Treatment (CPT), an HIO-developed code. Many related services are not included in the CPT, however. To classify medical treatments, the Contracted Providers Module uses the CPTGROUP and CPT tables.[1]   To classify and track related services not included in the CPT, the Contracted Providers Module uses two supplementary tables. These are the Provided Service Groups and Provided Services tables. With these tables, the module can provide more detailed information on the benefits provided by contractors as well as their cost breakdown.

The Provided Service Groups table (like its counterpart the CPTGROUP table) is a first-

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For a detailed description of these tables, see the Outpatient Patient Records Application System Document.

level categorization to classify general types of services rendered by contracted providers. The Provided Services table (like its counterpart the CPT table) defines and delineates the specific services. For example, *emergency* is a group in the provided service group table, while specific services provided under the *emergency* group are listed in the provided services table. Specific services in the *emergency* group include specialist examination, emergency physician examination, use of emergency theater, and so on. Likewise, specific services in the *outpatient* group include examination by physician rank (general practitioner, specialist, etc.), use of intensive care unit, and ambulance services.

4.2.1 Define Provided Service Groups (Lookup Table)

This function is used to code groups of services rendered by a contracted provider at a general level. Provided service groups differ according to the provider type. For example, in the case of a contracted hospital, the services are classified or grouped into external polyclinics, ambulance services, outpatient services, emergency, accommodation by room class, lab tests, radiology, and so forth. On the other hand, in the case of a contracted physician the only group is examination. The elements of this table are:

o   contracted provider type,

o   service group code, and

o   service group name.

This lookup table is entered and maintained at Headquarters and transmitted via communication lines or magnetic media to branches.

4.2.2 Define Provided Services (Lookup Table)

This function is used to code specific services, not included in the CPT table, that may be rendered by a contracted provider. The elements of this table are:

o   service group code,

o   service code, and

o   service name.

This lookup table is entered and maintained at Headquarters and transmitted via communication lines or magnetic media to branches.

4.3   Define Contract Types (Lookup Table)

This function is used to code contract types. Contract types vary according to the contracted provider category (hospital, polyclinic, etc.) and the services rendered. Contract types include package contracts, price list or charge master contracts, bed contracts (with hospitals), and so forth. The elements of the contract types data table are:

o   contract type code, and

o   contract type name.

This lookup table is entered and maintained at Headquarters and transmitted via communication lines or magnetic media to branches.

4.4   Enter Contracted Provider Information

This function is used to enter information on providers. It runs at Headquarters and branches. Except for contract information (see Section 4.6), this table includes all relevant information concerning a provider. The elements of this table are:

o   contracted facility type,

o   contracted facility code,

o   contracted facility name,

o   contracted facility address,

o   contracted facility governorate,

o   contracted facility markaz,

o   contracted facility sheyakha or police station,

o   contracted facility city,

o   contracted facility telephone number, and

o   contact person.

4.5   Enter Contracted Provider Capacity

This function is used to enter information on a providers' capacity by contract and service. The elements of this table are:

o   provider type,

o   provider,

o   provided service code,

o   unit of available capacity (bed, room, etc.),

o   available capacity, and

o   contracted capacity.

4.6   Enter Contracts Information

This function is used to enter a contract's main terms and information. It runs at the Headquarters and branches. At this point, the table template is as generic as possible to accommodate the most important information of a contract regardless of its type. The elements of this table are:

o   contract type,

o   contract serial number,

o   contracting facility type (Headquarters or branch),

o   contracting facility code,

o   contracted facility type,

o   contracted facility code,

o   contract start date,

o   contract end date,

o   insurance amount (advance payment to contractor),

o   minimum balance (minimum balance of insurance amount),

o   notice for reimbursement (when payment is due after billing as agreed upon in

contract)

o   number of contracted units (number of beds, rooms, etc.),

o   invoicing in months (how often contracted provider sends invoices, as agreed upon in contract)

o   service class,

o   last review date,

o   quality of review or quality rating, and

o   contract status.

4.7   Enter Contracted Services and Prices

This function is used to record services and their contracted price by contract. Data is input by branches and Headquarters. A flag exists in the table to indicate whether a contracted service is also provided by HIO-owned facilities. This helps determine which services are provided by both HIO-owned facilities and contracted providers, and why. The data elements for this table are:

o   contract serial number,

o   service type (C for CPT, O for other),

o   CPT code,

o   service code,

o   contracted capacity,

o   fixed price rate,

o   fixed duration,

o   variable price rate,

o   variable duration,

o   remark 1,

o   remark 2, and

o   rendered at HIO facilities (y/n).

4.8   Update Contract Status

This function is used to update the status of a contract. Contract status codes are from a lookup table (built and maintained at Headquarters). Contract statuses include termination, cancellation, suspension, and so forth. The function runs at Headquarters and branches. The data elements for this table are:

o   contracted facility type,

o   contracted facility code,

o   contract serial number,

o   contract status code,

o   contract update status date,

o   suspension from, and

o   suspension to.

4.9   Download Lookup Tables

This function is used to download lookup tables to text files for transmission to branches. Lookup tables are maintained at Headquarters to ensure uniformity. Transmission is via communication lines or, if communication lines are unavailable, through magnetic media. The lookup tables that are downloaded are:

o   contract types,

o   contracted providers types,

o   provided services groups,

o   provided services,

o   complaint types, and

o   contract status.

4.10   Download Contract Information

This function is used to download tables containing information on contracts concluded at Headquarters.   The tables, downloaded to text files, are transmitted to branches via communication lines. If communication lines are unavailable, magnetic media is used. The data tables that are downloaded are:

o   contract information, and

o   contract services and prices.

4.11   Enter Complaints

This function is used to log complaints filed against contracted providers.   While complaints differ according to provider type, the most common complaints concern issues of room category, invoicing errors, and poor treatment of patients. Recording both the types and numbers of complaints filed, this function is useful in evaluating the performance of a contracted provider.   The data elements of this table are:

o   contracted facility type,

o   contracted facility code,

o   beneficiary number,

o   physician code (if complaint filed by HIO physician)

o   CPT requested,

o   service requested,

o   visit date,

o   complaint date,

o   complaint type, and

o   complaint text.

4.12   Queries

This function is used to query on information about contracted providers. This function allows:

o   query on all contracted facilities;

o   query on possible services by CPT group, service group, or type of provider;

o   query on services rendered both at HIO facilities and contracted facilities;

o   query on providers rendering a specific service;

o   query on providers in a certain location (governorate, markaz, or city)

o   query on service prices;

o   query on contract statuses;

o   query on complaints by type of complaint;

o   query on quality reviews; and

o   query monthly on the price of a contracted service versus the cost of the service at an HIO-owned facility.

The last query above is available at the branch by comparing the cost of a service in the SERVICECOST[2] table (containing costs for treatment at HIO-owned facilities) to the cost of the same service at a contracted provider. In order for this comparison to be made, HIO hospitals need to download and transmit the table to their respective branches once per month.

For a detailed description of this table, see the Outpatient Cost Accounting Application System Document.

4.13   Reporting on Contracted Providers and Services

This function produces different reports on contracted providers and services. These reports help management in evaluating the performance of a particular contracted facility. Furthermore, as these reports are available on both on an individual and aggregate level, they can be used to evaluate whether HIO would benefit from increasing or decreasing the practice of contracting with providers. This function provides:

o   reports on the quality of a contracted facility's services based on contract complaints and quality reviews (Exhibit 4-1);

o   reports comparing contracted providers having the same provider type, the same contract type, and rendering the same services (Exhibit 4-2); and

o   monthly reports comparing actual cost of a services at an HIO-owned facility and the same service at a contracted facility (Exhibit 4-3).

Exhibit 4-1
CONTRACTED FACILITIES QUALITY REVIEW

Contracted Facility		Quality of Performance		Complaints		
Code	**Name**	**Rate**	**Last Date**	**Type**	**Name**	**Number of Complaints**

Exhibit 4-2
COMPARISON BETWEEN CONTRACTED PROVIDERS OF THE SAME TYPE

Service Rendered			Contracted Facility			Quality Rating	Price
Group	Item Code	Item Name	Code	Name	Contract Serial		

Exhibit 4-3
COMPARISON BETWEEN CONTRACTED PROVIDERS PRICE AND HIO ACTUAL COST FOR THE MONTH 99/99

Service Rendered			Contracted Facility			HIO Actual Cost	Provider Contract Price
Group	Item Code	Item Name	Code	Name	Contract Serial		

DFD-1
CONTRACTED PROVIDERS MODULE

FD-1
CONTRACTED PROVIDERS (FACILITIES)

FD-2
HEADQUARTERS CONTRACTED PROVIDERS (FACILITIES)

FD-3
BRANCH CONTRACTED PROVIDERS (FACILITIES)

FD-4
DEFINE LOOKUP TABLES

ERD-1
CONTRACTED PROVIDERS MODULE

SITE VISIT OF 15 OCTOBER, 1995

Location:HIO Headquarters

Subject:1.Manual workflow for contracting at Headquarters
2.Procedures for treatment outside Egypt

Attendee	Title
Dr. Ahmed Shawki	Medical Services Department Manager

SITE VISIT OF 24 OCTOBER, 1995

Location:HIO Headquarters

Subject:1.Manual workflow for contracting at Headquarters
2.Procedures for treatment outside Egypt

Attendee	Title
Dr. Ahmed Shawki	Medical Services Department Manager
Mrs. Karam Mohamed	Public Services Section Head

SITE VISIT OF 27 OCTOBER, 1995

Location:Cairo Branch

Subject:1.Manual workflow for contracting at branch
2.Physician and GP contracting procedures

Attendee	Title
Dr. Philip Asham	Cairo Branch Hospital Contracting Manager
Dr. Mohamed Abdel Rahim	Cairo Branch GP Contracting Manager
Dr. Mohamed Imam	Cairo Branch Clinics Manager

SITE VISIT OF 29 JANUARY, 1995

Location:Misr El Gedidah Polyclinic

Subject:1.Hospital contracts

Attendee	Title
Dr. Philip Asham	Cairo Branch Hospital Contracting Manager